

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34996

FILED NOV 7 1957

STATE FILE NUMBER

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 620

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp.				Length of stay in lb		d. STREET ADDRESS (If outside, give location) Route #5.	
3. NAME OF DECEASED (Type or print) First Hattie Middle Mae Last Williams				4. DATE OF DEATH Month Oct. Day 23 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 25, 1932	
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Haytti. Mo.	
10a. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Jethrow Williams				14. MOTHER'S MAIDEN NAME Mary Lane			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.			
17. INFORMANT Address Jethro Williams, Poplar Bluff, Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden malignant serum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) to unknown DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 260X						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct 20, 1957 to Oct 23, 1957 and last saw her alive on Oct 23, 1957 . Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Hattie Mae Williams (Degree or title)				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 10-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-27-57		23c. NAME OF CEMETERY OR CREMATORY New Light Cem.		23d. LOCATION (City, town, or county) (State) Butler County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.				25. DATE RECD. BY LOCAL REG. 11/2/57		26. REGISTRAR'S SIGNATURE R. H. Muehler	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

NOV 4 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 15 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed *Charles E. Mungle*

Licensed Embalmer No. *487*

P. O. Address *Spaulding*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.